WILLOWS NURSING & REHABILITATION CENTER, THE

41 RICKEL ROAD

SUN PRAIRIE 53590 Phone: (608) 837-8529 Ownershi p: Corporati on Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? Title 18 (Medicare) Certified? Number of Beds Set Up and Staffed (12/31/01): 53 Yes Total Licensed Bed Capacity (12/31/01): 53 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/01: 46 Average Daily Census: 48 ********************* ***************************

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3	1/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	37. 0
Supp. Home Care-Personal Care	No				`	1 - 4 Years	47. 8
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	4.3	More Than 4 Years	15. 2
Day Servi ces	No	Mental Illness (Org./Psy)	28. 3	65 - 74	4.3	1	
Respite Care	No	Mental Illness (Other)	4.3	75 - 84	39. 1	İ de le	100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	43. 5	*********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	2. 2	95 & 0ver	8. 7	Full-Time Equivalent	
Congregate Meals	No	Cancer	2. 2	ĺ	j	Nursing Staff per 100 Res	
Home Delivered Meals	No	Fractures	4. 3	j	100. 0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	17. 4	65 & 0ver	95. 7		
Transportati on	No	Cerebrovascul ar	10. 9	[']		RNs	11. 5
Referral Service	No	Di abetes	8. 7	Sex	%	LPNs	10. 9
Other Services	Yes	Respiratory	0.0			Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	21. 7	Male	26. 1	Aides, & Orderlies	35. 3
Mentally Ill	No			Female	73. 9		
Provi de Day Programming for			100.0		j		
Developmentally Disabled	No			İ	100. 0		
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Method of Reimbursement

		Medicare Title 18			edicaid itle 19			0ther			Pri vate Pay	;		amily Care		l	Managed Care			
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Diem (\$)	No.	%	Per Di em (\$)	Total Resi - dents	
Int. Skilled Care	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0.0	0	0	0. 0
Skilled Care	5	100.0	300	25	100.0	104	0	0.0	0	15	100.0	148	0	0.0	0	1	100.0	104	46	100.0
Intermedi ate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	5	100.0		25	100.0		0	0.0		15	100.0		0	0.0		1	100. 0		46	100. 0

County: Dane WILLOWS NURSING & REHABILITATION CENTER, THE

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Admissions, Discharges, and		Percent Distribution	of Residents'	Condi t	ions, Services	s, and Activities as of 12/	′31/01
Deaths During Reporting Period		·					
		ľ			% Needi ng		Total
Percent Admissions from:		Activities of	%	Ass	sistance of		Number of
Private Home/No Home Health	2. 1	Daily Living (ADL)	Independent	0ne	Or Two Staff	1	Resi dents
Private Home/With Home Health	0.0	Bathi ng	6. 5		56 . 5	37. 0	46
Other Nursing Homes	2.8	Dressi ng	8. 7		54 . 3	37. 0	46
Acute Care Hospitals	95. 1	Transferring	10. 9		52. 2	37. 0	46
Psych. HospMR/DD Facilities	0.0	Toilet Use	10. 9		50. 0	39. 1	46
Rehabilitation Hospitals	0.0	Eating	58 . 7		19. 6	21. 7	46
Other Locations	0.0	************************************	******	*****	******	**********	*****
Total Number of Admissions	144	Continence		%	Special Trea		%
Percent Discharges To:		Indwelling Or Externa		13. 0		Respiratory Care	8. 7
Private Home/No Home Health	39. 2	0cc/Freq. Incontinent		65. 2		Tracheostomy Care	0. 0
Private Home/With Home Health	14. 0	0cc/Freq. Incontinent	of Bowel	52. 2		Sucti oni ng	0. 0
Other Nursing Homes	2.8					Ostomy Care	0. 0
Acute Care Hospitals	23. 1	Mobility				Tube Feedi ng	0. 0
Psych. HospMR/DD Facilities	0.0	Physically Restrained		13. 0	Recei vi ng	Mechanically Altered Diets	34. 8
Rehabilitation Hospitals	0. 0						
Other Locations	7. 0	Skin Care				ent Characteristics	
Deaths	14. 0	With Pressure Sores		13. 0		ce Directives	65. 2
Total Number of Discharges		With Rashes		0.0	Medi cati ons		
(Including Deaths)	143				Recei vi ng	Psychoactive Drugs	50. 0

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	0wnersl		Ownership: Bed Size:				ensure:		
	Thi s	Pro	pri etary	50	- 99	Ski	lled	Al	
	Facility	Peer Group		Peer	Group	Peer Group		Facilities	
	%	%	Ratio	%	Ratio	%	Ratio	%	Rati o
Occupancy Rate: Average Daily Census/Licensed Beds	85. 0	82. 7	1. 03	85. 1	1. 00	84. 3	1. 01	84. 6	1. 00
Current Residents from In-County	97. 8	82. 1	1. 19	80. 0	1. 22	82. 7	1. 18	77. 0	1. 27
Admissions from In-County, Still Residing	11. 8	18. 6	0. 63	20. 9	0. 56	21. 6	0. 55	20. 8	0. 57
Admissions/Average Daily Census	300. 0	178. 7	1. 68	144. 6	2. 07	137. 9	2. 18	128. 9	2. 33
Di scharges/Average Daily Census	297. 9	179. 9	1. 66	144. 8	2. 06	139. 0	2. 14	130. 0	2. 29
Discharges To Private Residence/Average Daily Census	158. 3	76. 7	2. 06	60. 4	2. 62	55. 2	2. 87	52. 8	3. 00
Residents Receiving Skilled Care	100	93. 6	1. 07	90. 5	1. 10	91.8	1. 09	85. 3	1. 17
Residents Aged 65 and Older	95. 7	93. 4	1. 02	94. 7	1. 01	92. 5	1.03	87. 5	1. 09
Title 19 (Medicaid) Funded Residents	54. 3	63. 4	0.86	58. 0	0. 94	64. 3	0.85	68. 7	0. 79
Private Pay Funded Residents	32. 6	23.0	1.41	32. 0	1.02	25. 6	1. 28	22. 0	1. 48
Developmentally Disabled Residents	0. 0	0. 7	0.00	0. 9	0.00	1. 2	0. 00	7. 6	0.00
Mentally Ill Residents	32. 6	30. 1	1. 08	33. 8	0. 96	37. 4	0.87	33. 8	0. 97
General Medical Service Residents	21. 7	23. 3	0. 93	18. 3	1. 19	21. 2	1.03	19. 4	1. 12
Impaired ADL (Mean)	58 . 3	48.6	1. 20	48. 1	1. 21	49. 6	1. 17	49. 3	1. 18
Psychological Problems	50. 0	50. 3	0. 99	51.0	0. 98	54. 1	0. 92	51. 9	0. 96
Nursing Care Required (Mean)	7. 1	6. 2	1. 14	6. 0	1. 17	6. 5	1. 08	7. 3	0.96